
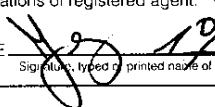
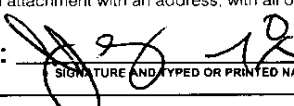


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90025 038 \*\*\*150.00

<b>DOCUMENT # P05000005314</b> 1. Entity Name <b>MINIX TURF-PRO, INC</b>					
Principal Place of Business <b>2410 CHAFFEE RD. S. JACKSONVILLE, FL 32221</b>			Mailing Address <b>2410 CHAFFEE RD. S. JACKSONVILLE, FL 32221</b>		
2. Principal Place of Business <b>6368 FIRESTONE RD</b>		3. Mailing Address <b>6368 FIRESTONE RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE FLORIDA</b>		City & State <b>JACKSONVILLE FLORIDA</b>		4. FEI Number <b>15-3178160</b>	
Zip <b>32244</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MINIX, JEREMY L 2410 CHAFFEE RD. S. JACKSONVILLE, FL 32221</b>		7. Name and Address of New Registered Agent Name <b>JEREMY MINIX</b> Street Address (P.O. Box Number is Not Acceptable) <b>6368 FIRESTONE RD</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32244</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE <b>8-29-06</b>	
(NOTE: Registered Agent signature required when reinstating)				FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MINIX, JEREMY L 2410 CHAFFEE RD. S. JACKSONVILLE, FL 32221</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MINIX, JEREMY L 6368 FIRESTONE RD JACKSONVILLE, FL 32244</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date <b>8-29-06</b> Daytime Phone # <b>904-777-4578</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					